

MANUAL HANDLING CHECK LIST

Description of Location: _____ Date: _____

Task Description: _____

Assessed by: _____

Employee(s) Representative: _____

Movements, Posture and Layout During Manual Handling

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there frequent bending where the hands pass below mid-thigh height? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there frequent or prolonged reaching above the shoulder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there frequent or prolonged bending due to extended reach forward? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there frequent or prolonged twisting of the back? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are awkward postures assumed frequently or over prolonged periods (that is, postures that are not forward facing and upright)? | <input type="checkbox"/> | <input type="checkbox"/> |

Task and Object

- | | | |
|---|--------------------------|--------------------------|
| 6. Is manual handling performed frequently or for long time periods by the employee(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are loads moved or carried over long distances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the weight of the object: | | |
| a. More than 4.5kg and handled from a seated position? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. More than 16kg and handled in a working posture other than seated? | <input type="checkbox"/> | <input type="checkbox"/> |

NB. Weight is not used to prescribe absolute limits, but is one of the important factors to be considered when assessing and controlling risk.

- | | | |
|---|--------------------------|--------------------------|
| 9. For pushing, pulling or other application of forces: are high push / pull forces involved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the load difficult or awkward to handle, for example due to size, shape, temperature, instability or unpredictability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is it difficult or unsafe to get adequate grip of the load? | <input type="checkbox"/> | <input type="checkbox"/> |

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Work Environment

	Yes	No
12. Is the task performed in a confined space?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is lighting inadequate for safe manual handling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the climate particularly hot or cold?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are the floor working surfaces cluttered, uneven, slippery or otherwise unsafe?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the employee new to the work or returning from an extended period away from work?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are there age related factors, disabilities or other special factors that may affect task performance?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the employee's clothing or personal protective equipment interfere with manual handling performance?	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD CONTROLS TO BE IMPLEMENTED TO REDUCE RISK

	Yes	No
1. Manual handling task to be modified to reduce risk	<input type="checkbox"/>	<input type="checkbox"/>
2. Use of mechanical aids, ie trolleys, fork lifts etc	<input type="checkbox"/>	<input type="checkbox"/>
3. Implement team lifting	<input type="checkbox"/>	<input type="checkbox"/>
4. Take regular breaks	<input type="checkbox"/>	<input type="checkbox"/>
5. Alternate activities between workers	<input type="checkbox"/>	<input type="checkbox"/>
6. Use manual handling techniques for lifting, ie bend from the knees, straight back, no twisting or turning during lifting	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: list	<input type="checkbox"/>	<input type="checkbox"/>